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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (For use with Form PTO/SB/06)							Application Number		Filing Date			
Applicant(s) James Oliver Dolly, et al.							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
101				1			51			3		
102			1				52			3		
103			1				53			3		
4							54			3		
5							55			3		
6							56			3		
7							57			3		
8							58			3		
9							59			3		
10							60			3		
11							61			3		
12							62			3		
13							63			2		
14							64			2		
15							65			3		
16							66			3		
17							67			3		
18							68			3		
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25							75			2		
26							76			3		
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28							78		1			
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30							80			2		
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34							84			2		
35							85			2		
36							86		1			
37							87		1			
38							88			1		
39							89			2		
40							90		1			
41							91		1			
42							92		1			
43							93			1		
44							94			4		
45							95			9		
46							96		1			
47							97			1		
48			1				98		1			
49			1				99			1		
50			1				100			1		
Total Indep			5				Total Indep			9		
Total Depend			1				Total Depend			106		
Total Claims			6				Total Claims			115		

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